

 Environmental Protection Agency United States Washington, DC 20460	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
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Application for Pesticide – Section I

1. Company/Product Number 87373-	2. EPA Product Manager S. Chattopadhyay	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Argite, LLC/ARG Mancozeb MUP	PM# PM 21	
5. Name and Address of Applicant (include ZIP Code) Argite, LLC c/o Pyxis Regulatory Consulting Inc. 4110 136 th St. Ct. NW Gig Harbor, WA 98332		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. 91813-35 Product Name Penncozeb Technical

Section - II

<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification – Explain below.	<input type="checkbox"/> Final printed labels in response to _____ Agency letter dated _____ <input checked="" type="checkbox"/> “Me Too” Application. <input type="checkbox"/> Other – Explain below.
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Explanation: Use additional page(s) if necessary. (For Section I and Section II.)

This application falls under Category R334 (59: New manufacturing use product; unregistered source of active ingredient; selective data citation). The fee which has been paid is \$24,255.

Section - III

1. Material This Product Will Be Packaged In:					
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other (Specify) Paper bags or superacks		
* Certification must be submitted		If “Yes” Unit Packaging wgt. _____ No. per container _____	If “Yes” Package wgt. _____ No. per container _____		
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 55.12 lbs, 1,058.22 lbs.; 1,102.31 lbs.; bulk		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled					

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Ann M. Tillman	Title Agent	Telephone No. (Include Area Code) (253) 853-7369
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title Agent	
4. Typed Name Ann M. Tillman	5. Date Feb. 02, 2021	